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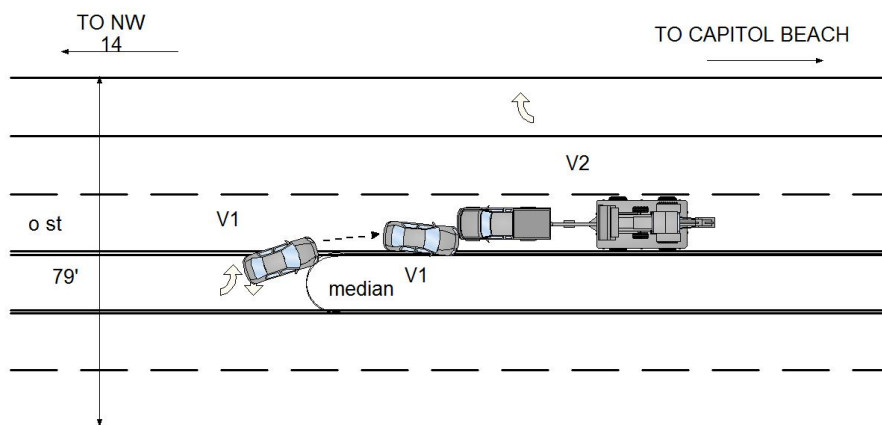
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

| | | | | | | |
|--|---|--|---|--|--|--|
| 2 | Total Number of Vehicles | Local No./ District 147 | Agency Case No. B5-084893 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 |
| A/1 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 09/13/2015 | | TIME OF ACCIDENT 0859 | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 0901 | Amended 09/14/2015 | |
| B | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. O ST/ CAPITOL BEACH TO NW 14TH | | | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO | LATITUDE |
| C | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. 6 | LONGITUDE | |
| D | IF AT INTERSECTION | | | IF NOT AT INTERSECTION | | |
| 3 | NAME OF INTERSECTING ROADWAY | | | <input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | |
| V1/M | 329.00 | | | X NW 14TH | | |
| V2/M | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| 01 | MILES | N S E W | AND MILES | N S E W | OF NEAREST CITY OR TOWN | |
| E | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| 1 | 1 | | | | | |
| F | VEHICLE NO. 1 | | | | | |
| 1 | DRIVER LICENSE NO. | H13708048 | | STATE (Of License) | NE | SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE |
| V1/N | DRIVER JUSTICE T COLEMAN | | | PHONE | LOCAL NO. | |
| V2/N | DRIVER ADDRESS CITY, STATE, ZIP 1928 NW 50TH ST, LINCOLN, NE 68528 | | | DATE OF BIRTH (MM / DD / YYYY) | 04/10/1999 | |
| 1 | OWNER MICHAEL G COLEMAN-W-M-7-7-75 | | | PHONE 402-470-0672 | LOCAL NO. | |
| G | OWNER ADDRESS CITY, STATE, ZIP 1928 NW 50TH ST, LINCOLN, NE 68528 | | | CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO | CITATION NO. | |
| 4 | LICENSE PLATE PA NO. | RPW710 | | YEAR (Plate Expires) | 2016 | STATE (Of Plate) NE |
| H | VEHICLE | YEAR 2001 | MAKE Mitsubishi | MODEL DLS | BODY STYLE 4 door Sedan | COLOR white |
| V1/O | ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$ | | | INSURANCE COMPANY ALLSTATE FIRE AND CASUALTY | | |
| 4 | VEHICLE ID NO. (VIN) | 6MMAP67P01T006201 | | | POLICY NO. 9905662244 | |
| V2/O | TOWED TO CITY LOT | TOWED BY CAPITAL TOWING | | | POLICY NO. 9905662244 | |
| I | VEHICLE NO. 2 | | | | | |
| 7 | DRIVER LICENSE NO. | 930629213 | | STATE (Of License) | AR | SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE |
| V1/P | DRIVER JOSEPH H THROESCH | | | PHONE 870-378-5007 | LOCAL NO. | |
| V2/P | DRIVER ADDRESS CITY, STATE, ZIP 1213 SPRINGVIEW RD, POCAHONTAS, AR 72455 | | | DATE OF BIRTH (MM / DD / YYYY) | 05/18/1993 | |
| 1 | OWNER JOSHUA WALTON | | | PHONE 870-378-5000 | LOCAL NO. | |
| J | OWNER ADDRESS CITY, STATE, ZIP 8595 HWY 62 W, IMBODAN, AR 72434 | | | CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO | CITATION NO. | |
| V1/Q | LICENSE PLATE TE NO. | 350WDX | | YEAR (Plate Expires) | 2016 | STATE (Of Plate) AR |
| V2/Q | VEHICLE | YEAR 2013 | MAKE Dodge | MODEL RAM | BODY STYLE Truck with trail | COLOR white |
| 1 | ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$ | | | INSURANCE COMPANY PROGRESSIVE DIRECT | | |
| K | VEHICLE ID NO. (VIN) | 3C6UR5CL6D6532534 | | | POLICY NO. 46906597 | |
| 01 | TOWED TO CITY LOT | TOWED BY CAPTIAL TOWING | | | POLICY NO. 46906597 | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject |
| VEH. # | NAME | ADDRESS | | | 3 Body Region | 4 Injury Sev. |
| 1 | JUSTICE T COLEMAN | 1928 NW 50TH, LINCOLN, NE 68528 | | 04/10/1999 | 5 Trans. | 6 SEX M F |
| LOCAL NO. | MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General) | | EMS SERVICE NAME Lincoln Fire & Rescue | | EMS RUN REPORT NO. | |
| VEH. # | NAME | ADDRESS | | | 1 Seat Position | 2 Eject |
| 2 | JOSEPH H THROESCH | 1213 SPRINGVIEW RD, POCAHONTAS, AR 72455 | | 05/18/1993 | 3 Body Region | 4 Injury Sev. |
| LOCAL NO. | MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General) | | EMS SERVICE NAME Lincoln Fire & Rescue | | EMS RUN REPORT NO. | |
| VEH. # | NAME | ADDRESS | | | 1 Seat Position | 2 Eject |
| | | | | | 3 Body Region | 4 Injury Sev. |
| LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | | EMS RUN REPORT NO. | |

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Not To Scale

POI
SEE MEASURMENTS TAKEN
BY RECONSTRUCTION
TEAM

V1 was EB on O street from NW 14th. V1 crossed over into WB lanes striking a median and collided with V2, which was WB on O street from Capitol Beach in inside lane. Driver V2 was interviewed right after crash before being transported to the Hospital. He said that V1 just kind of appeared out of no where and he hadn't seen her coming. Witness was contractor on same crew of driver V2 and was in front of him. Witness said he had realized V1 went past but didn't notice what lane she was in or any driving pattern. Witness said she passed and he looked in his mirror just as she was on the N side of the median and they collided. Witness said he and Driver V2 were both in the inside lane.

| | | | | | | | | | | | |
|-----------------------------------|--|---|------------|---------------------------|----------------------|---------------------------|--------------|-------------------------|------------------------|-----------------|--|
| PROPERTY | OBJECT DAMAGED | | OWNER NAME | | ADDRESS | | PHONE | | APPROX. COST OF DAMAGE | | |
| | | | | | | | | | \$ | | |
| WITNESSES | NAME | | OWNER NAME | | ADDRESS | | PHONE | | APPROX. COST OF DAMAGE | | |
| | JOSHUA WALTON 8595 HWY 62 W, IMBODAN, AR 72434 | | | | | | 870-844-5000 | | \$ | | |
| NAME | | ADDRESS | | PHONE | | | | | | | |
| | | | | | | | | | | | |
| VEHICLE MOVEMENT BEFORE COLLISION | | POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) | | | | AIRBAG DEPLOYED VEHICLE 1 | | RESTRAINT USE VEHICLE 1 | | TOTAL OCCUPANTS | |
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | | | | | |
| 1 | | | X | | O ST | | - | | - | | |
| 2 | | | | X | O ST | | 3 | | 1 | | |
| 1 | 01 | 06 Turning left | | | | POINT OF IMPACT | | 1 | | - | |
| 2 | 01 | 07 Making U-turn | | | | POINT OF IMPACT | | 08 | | - | |
| | | 08 Entering traffic lane | | | | MOST DAMAGED AREA | | 11 | | - | |
| | | 09 Leaving traffic lane | | | | MOST DAMAGED AREA | | 11 | | - | |
| | | 01 Essentially straight ahead | | | | 00 None | | 02 | | 03 | |
| | | 02 Backing | | | | 09 Top & windows | | 01 | | 05 | |
| | | 03 Changing lanes | | | | 10 Undercarriage | | 08 | | 07 | |
| | | 04 Overtaking/ Passing | | | | 11 Total (all areas) | | 03 | | 06 | |
| | | 05 Turning right | | | | 12 Other | | 3 | | 2 | |
| | | 13 Unknown | | | | | | | | | |
| OFFICER NO. | | TROOP/ TEAM/ BEAT | | DEPARTMENT | | | | | | | |
| 1438 | | 7 | | Lincoln Police Department | | | | | | | |
| INVESTIGATOR NAME (Print or Type) | | INVESTIGATOR SIGNATURE | | DATE OF REPORT | | | | | | | |
| Jesse Hilger | | Approved by Officer Jesse Hilger | | 09/14/2015 | | | | | | | |
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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

| | | | | | | | | | |
|--|--|---|--|---|--|---|--|----------------------------|-------------------------------------|
| LOCAL NO./DISTRICT 147 | | DATE OF ACCIDENT 09/13/2015 | | COUNTY Lancaster | | CITY Lincoln | | STATE USE ONLY | |
| AGENCY CASE NO. B5-084893 | | OCCURRED ON HIGHWAY/ROAD/STREET O ST/ CAPITOL BEACH TO NW 14TH | | | | | | Amended | |
| TRUCK / BUS - 1 | | | | | | | | | |
| DRIVER (Print or type full name) JOSEPH H THROESCH | | | | CARRIER IDENTIFICATION 1 U.S. DOT 1 ICC MC | | | | | |
| CARRIER NAME (Print or type full name) JOSHUA WALTON-W-M-2-18-81 | | | | GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input checked="" type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs. | | | | | |
| CARRIER ADDRESS (Street or R.F.D.) 8595 WHY 62 W, IMBODAN, AR 72434 | | | | CITY, STATE, ZIP | | | | | |
| TRAILER LICENSE PLATE No. AB210500 | | Year 2016 | | State AR | | VEHICLE CONFIGURATION (Check one) | | | |
| COMMERCE CLASSIFICATION (Check one) 3 <input checked="" type="checkbox"/> Not Applicable | | TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) | | DRIVER'S LICENSE CLASS CODE A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input checked="" type="checkbox"/> C <input type="checkbox"/> | | CARGO BODY TYPE (Check one) | | | |
| 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input checked="" type="checkbox"/> Not Applicable | | 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) | | A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input checked="" type="checkbox"/> C <input type="checkbox"/> | | 1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input checked="" type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown | | | |
| HAZARDOUS MATERIAL INVOLVED | | | | | | | | | |
| Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | | Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____ | | Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | | | | | |
| BUS USE | | | | | | | | | |
| 1 <input checked="" type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported | | | | | | | | | |
| TRUCK / BUS - 2 | | | | | | | | | |
| DRIVER (Print or type full name) | | | | CARRIER IDENTIFICATION 1 U.S. DOT 1 ICC MC | | | | | |
| CARRIER NAME (Print or type full name) | | | | GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs. | | | | | |
| CARRIER ADDRESS (Street or R.F.D.) | | | | CITY, STATE, ZIP | | | | | |
| TRAILER LICENSE PLATE No. _____ | | Year _____ | | State _____ | | VEHICLE CONFIGURATION (Check one) | | | |
| COMMERCE CLASSIFICATION (Check one) 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable | | TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) | | DRIVER'S LICENSE CLASS CODE A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> | | CARGO BODY TYPE (Check one) | | | |
| 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable | | 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) | | A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> | | 1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown | | | |
| HAZARDOUS MATERIAL INVOLVED | | | | | | | | | |
| Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____ | | Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | |
| BUS USE | | | | | | | | | |
| 1 <input type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported | | | | | | | | | |
| INVESTIGATOR NAME (Print or type) Jesse Hilger | | INVESTIGATOR SIGNATURE Approved by Officer Jesse Hilger | | | | DEPARTMENT Lincoln Police Department | | OFFICER NO. 1438 | DATE OF REPORT 09/14/2015 |